(c) whether it is a fact that Phase-II trials are going to be conducted next year in the National AIDS Research Institute; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) The Indian Council of Medical Research (ICMR) in collaboration with the National AIDS Control Organization (NACO) and the International AIDS Vaccine Initiative (IAVI) is working with an institute based in Boston. Therion Biologics, to develop a Modified Vaccinia Ankara (MVA) vector based Vaccine. This MVA vaccine is perceived as being most appropriate for use in India, since it targets the HIV sub type C strain, most predominant in India. The National AIDS Research Institute (NARI), Pune, has characterized and sequenced multiple HIV genes to broden the immune response within the recipient. The strategy, is to prevent the progression of infection to the disease stage.

An ICMR scientist from the National Institute of Cholera and Enteric Diseases (NICED), Kolkata, played a key role in developing the vaccine candidate at the institute in Boston. The vaccine candidate is currently undergoing laboratory tests that are mandatory before commencing the testing on the human body.

(c) and (d) Yes, Sir. Phase-I trials are proposed to be conducted at NARI, Pune after satisfactory completion of toxicity and immunogenicity trials in animals and after all appropriate clearances are obtained from the mandatory regulatory bodies, and the candidate vaccine is ready for the trials.

Currently, guidelines and protocols are being developed by NARI, to conduct the Phase-I trials. Plans to upgrade laboratory and clinical infrastructure at NARI are also being discussed.

Focal Points for Plague Bacteria

1133. SHRI C. RAMACHANDRAIAH:
SHRI K. KALAVENKATA RAO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the medical experts have identified four areas in the country which are focal points for plague bacteria;

(b) if so, the details of the areas;

(c) the criteria for the identification of these areas as focal points; and

(d) the preventive measures taken in these areas to prevent the outbreak of deadly disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir. The focal points for plague exist at the tri-junction of Andhra Pradesh, Tamil Nadu and Karnataka and also in the States of Maharashtra, Gujarat and Himachal Pradesh.

(c) Cases of plague were reported from the above areas during the pandemic from 1889-1950.

Case of human plague was reported from Mulbagal, Kolar district in Karnataka in 1966.

Serosurveillance for plague showed antibodies against Y pestis (Plague organism) in rodents in the tri-junction of Karnataka, Tamil Nadu and Andhra Pradesh.

Outbreak of plague was noticed in Gujarat and Maharashtra in 1994.

Occurrence of Suspected outbreak of plague in 1983 and confirmed outbreak of plague in 2002 in Himachal Pradesh.

On the basis of occurrences of these cases, the above-mentioned areas have been identified for special surveillance for the disease.

(d) Field Unit of National Institute of Communicable Diseases (NICD) located at Bangalore coordinates surveillance of plague in endemic states like Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra and Gujarat. Surveillance comprises of serological, entomological and bacteriological study. After 1994, no human plague cases have been reported from any of these States.

The representatives from various endemic states are called to the inter-state plague co-ordination meetings to review the status of plague surveillance. The last such meeting was held in December, 2002 at Surat, Gujarat.

The State of Himachal Pradesh has established a State Plague

Surveillance Unit with technical help extended by NICD, Delhi, at Rohru.

For making prompt reliable diagnosis of the disease, a state of the art laboratory, meeting all safety and diagnostic criteria of the World Health Organisation (WHO) is an existence at NICD, Delhi.

Decline in Sex Ratio

1134. SHRI RAJEEV SHUKLA:
DR. ABRAR AHMED:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) where there has been a steady fall in female to male ratio in the country despite having longer life span with the availability of nutrition, health and medical services being the same for both; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The sex ratio (number of female per 1000 male) declined in India from 972 in 1901 to 927 in 1991. However, the sex ratio has since improved to 933 in 2001.

Availability of Banned Drugs in the country

1135. SHRIMATI AMBIKA SONI:
DR. T. SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether many drugs that are banned in several countries are freely available in the country;

(b) if so, whether the Monthly Index of Medical Specialists, India recently published a list of 11 globally banned drugs that can be bought over the counter at most chemists in the country;

(c) whether visits to chemists revealed that most of these drugs are available without a prescription;

(d) if so, whether these drugs were banned for causing cancer;